

## REMARKS

This Response is submitted in reply to the Final Office Action dated January 30, 2008. Claims 1 to 191 are currently pending in the application. Claims 1 to 191 were rejected. Claim 1 has been amended.

Claims 1 to 191 stand rejected under 35 U.S.C. § 102(e) as anticipated by White et al. ("*White*") (U.S. Patent No. 6,790,198). Applicants respectfully traverse.

Claim 1 provides, in part, the step of inputting into a second computer, from a first source, a second patient identifier. The Examiner cites col. 15, lines 3-20 of *White* as teaching this step. However, *White* teaches that a patient's ID is scanned directly into the pump. See col. 15, lines 6-14 and Fig. 6B. The pump itself cannot be considered the second computer of claim 1, because the last step of claim 1 provides that the operating parameter is sent to the medical device without passing through the second computer. If the pump of *White* is considered the second computer, then obviously the operating parameter must pass through the pump. Thus, *White* does not teach the step of inputting into a second computer a second patient identifier and sending the operating parameter from the first computer to the medical device where the operating parameter does not pass through the second computer.

Further, claim 1 provides two identification comparison steps. Claim 1 has been amended to more clearly show the steps of 1) determining if the second patient identifier is equivalent to the third patient identifier and sending the medication identifier to the first computer if the second patient identifier is equivalent to the third patient identifier; and 2) determining if the third patient identifier is equivalent to the first patient identifier and sending the operating parameter from the first computer to the medical device if the third patient identifier is equivalent to the first patient identifier.

Thus, in one step, the second patient identifier (which may be from a patient's wristband, for example) is compared to the third patient identifier (which may be from a medication label, for example). In the other step, the third patient identifier is equivalent to the first patient identifier (which may be from an admission record, for example). *White* does not teach the claimed steps. In the passage from *White* cited by the Examiner to show the step of determining if the second patient identifier is equivalent to the third patient identifier, *White* only discloses

comparing a doctor's order to operating parameters of the pump. See col. 6, line 66 to col. 7, line 2. Nowhere does *White* disclose or suggest determining if a second patient identifier is equivalent to a third patient identifier.

In the passage from *White* cited by the Examiner to show the step of determining if the third patient identifier is equivalent to the first patient identifier, *White* only discloses that the pumps have a unique identification, and that information regarding the patient treated by a pump may be identified. See col. 4, lines 42 to 52. Nowhere does *White* disclose or suggest determining if a third patient identifier is equivalent to a first patient identifier. Thus, for these additional reasons, claims 1 to 20 are not anticipated by *White*. Applicants request that the rejections be withdrawn.

Regarding claims 21 to 191, these claims provide substantially similar elements to those discussed above with respect to claim 1 and are not anticipated for the same reasons. Applicants request that the rejections of claims 21-191 be withdrawn.


Claims 87 to 114 additionally provide that a latest operating parameter is provided, the latest operating parameter is compared to a first operating parameter, and the latest operating parameter is provided to a medical device under certain conditions. *White* does not disclose or suggest such limitations. For this additional reason, claims 87 to 114 are not anticipated. Applicants request that the rejection be withdrawn.

Regarding claim 155, claim 155 provides a digital assistant designed to read a first patient identifier attached to a patient's body. *White* does not disclose a digital assistant designed to read a first patient identifier. *White* discloses a communication element for scanning an IV bar code. See col. 9, lines 41-43. However, nowhere does *White* disclose a digital assistant for reading a patient identifier attached to a patient's body. For this additional reason, claim 155 and dependent claims 156 to 159 are not anticipated. Applicants request that the rejection be withdrawn.

For the foregoing reasons, Applicants respectfully request reconsideration of the above-identified patent application and earnestly solicit an early allowance of same.

Respectfully submitted,

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